



Data card - Girl



Girl's Data

1. Name of the baby: _____
2. ID number of the baby: _____
3. Date of Birth: _____
4. Birth weight (gm): _____
5. Birth Length (cm): _____
6. Name of the village: _____
7. Taluka/District: _____
8. Aanganwadi number: _____
9. Name of the PHC: _____
10. Name of the SC: _____
11. Delivery Point: A. DH: _____ B. RH: _____ C. SDH: _____ D. PHC: _____ E. Private: _____ F. Home: _____ G. Other: _____
12. The name and designation of the person available during delivery/ Doctor at the time of delivery: _____
13. Name of the DHO: _____
14. Name of the THO: _____
15. Name of the CHO: _____
16. Name of the MO In charge: _____
17. Name of the staff nurse: _____
18. Name of the ANM Supervisor: _____
19. Name of the ANM: _____
20. Name of the ASHA Supervisor: _____
21. Name of the ASHA: _____
22. Name of the CDPO: _____
23. Name of the Anganwadi Supervisor: _____
24. Name of the Anganwadi worker: _____

Mother's Data

1. Name of the mother: _____
2. Cast - ST -SC -OBC - General: _____
3. Education of the mother - (i) illiterate (ii) primary (iii) secondary (iv) graduate (v) post graduate
4. Age of the mother: _____
5. Height of the mother (cm): _____
6. Last Menstrual Period Date: _____
7. Date of Registration (1st ANC): _____
- Weight at the time of registration: _____
8. Date of 2nd ANC: _____
- Weight during 2nd ANC: _____
9. Date of 3rd ANC: _____
- Weight during 3rd ANC: _____
10. Date of 4th ANC: _____
- Weight during 4th ANC: _____
11. Date of 5th ANC: _____
- Weight during 5th ANC: _____
12. Date of 6th ANC: _____
- Weight during 6th ANC: _____
13. Date of 7th ANC: _____
- Weight during 7th ANC: _____
14. Weight of the mother at the time of delivery (kg): _____
15. Type of Delivery: Normal _____ Vacuum _____ Caesarean _____
16. Gestation age of the baby in weeks: _____
17. Is it a full-term delivery? (Yes/No): _____

Baby's Feeding Data

1. Was the mother taught Cross cradle hold (CC) and latching using health spoken tutorials during her pregnancy?: Y or N _____
2. Place where the mother was taught CC hold and latching: Hospital/ PHC/SC/Aanganwadi/Home/Other _____
3. Was breast milk given within one hour of birth? Y or N _____
4. Was breast crawl performed at the time of delivery? Y or N _____
5. Was the baby exclusively breastfed in the hospital? Y or N _____
6. Was the mother taught manual expression of breast milk? Y or N _____

Baby's Age:	Date of Visit (dd/mm/yy)	Weight in grams	Weight gained since the last check up in grams:	Weight of the baby is at what percentile or range?	Length in cm:	Is the baby suffering from any illness? (Yes/No)	If the baby has lost weight or not gained weight, has he/she been referred to a professional? (Y/N) If yes, then specify their name and designation:	Was anything else besides Breast milk given? Y/N	Were Health Spoken Tutorials shown as per the protocol? Y/N
0 day									
1 day									
2 day									
3 days									
5 days									
7 days									
10 days									
12 days									
14 days									
21 days									
28 days									
42 days/ 6 weeks									
10 weeks									
14 weeks									
3.5 month									
4.5 month									
5.5 month									

Data for 6 months - 12 months of age

When was complementary food introduced? Date: _____

$\frac{1}{4}$ bowl = 60 ml, $\frac{1}{2}$ bowl = 125 ml, 1 bowl = 250 ml, 1 teaspoon = 5 gm (tsp), 1 tablespoon = 15 gm (Tbsp)

Date of visit	6	6.5	7	7.5	8	9	10	11	12
Weight in grams									
Weight gained since the 6th month weight measurement (gm)									
Weight of the baby is at what percentile or range?									
Length in cm									
Is the baby breastfeeding? (Y/N)									
SAM (Y/N)									
MAM (Y/N)									
How many times was the baby fed in the last 24 hours?									
Has peanut/ seed powder been made? (Y/N)									
Has sprout powder been made? (Y/N)									
Has drumstick leaves powder been made? (Y/N)									
Has curry leaves powder been made? (Y/N)									
Has amylase powder been made? (Y/N)									
Were cereals given to the baby? (Y/N)									
Were pulses/seeds/legumes given? (Y/N)									
Was any dairy product given? (Y/N)									
Was meat or fish given? (Y/N)									
Was egg given? (Y/N)									
Were Vit A rich vegetables/fruits given? (Y/N)									
Were any other vegetables or fruits given? (Y/N)									
Was any packaged food given? (Y/N)									
Were Health Spoken Tutorials shown as per the protocol? (Y/N)									
In 24 hours, how many times was the baby fed? - (0/1/2/3/4/5/6/7)									
In 24 hours, how much quantity of food was given to the baby? (1/2/3/4/5 tsp/Tbsp) (1/2/3/4/5 bowl/half bowl/1/4bowl)									
If the baby has lost weight or not gained weight, has he/she been referred to a professional? (Yes/No)									
If yes, then specify their name and designation:									

BREASTFEEDING ASSESSMENT FORM

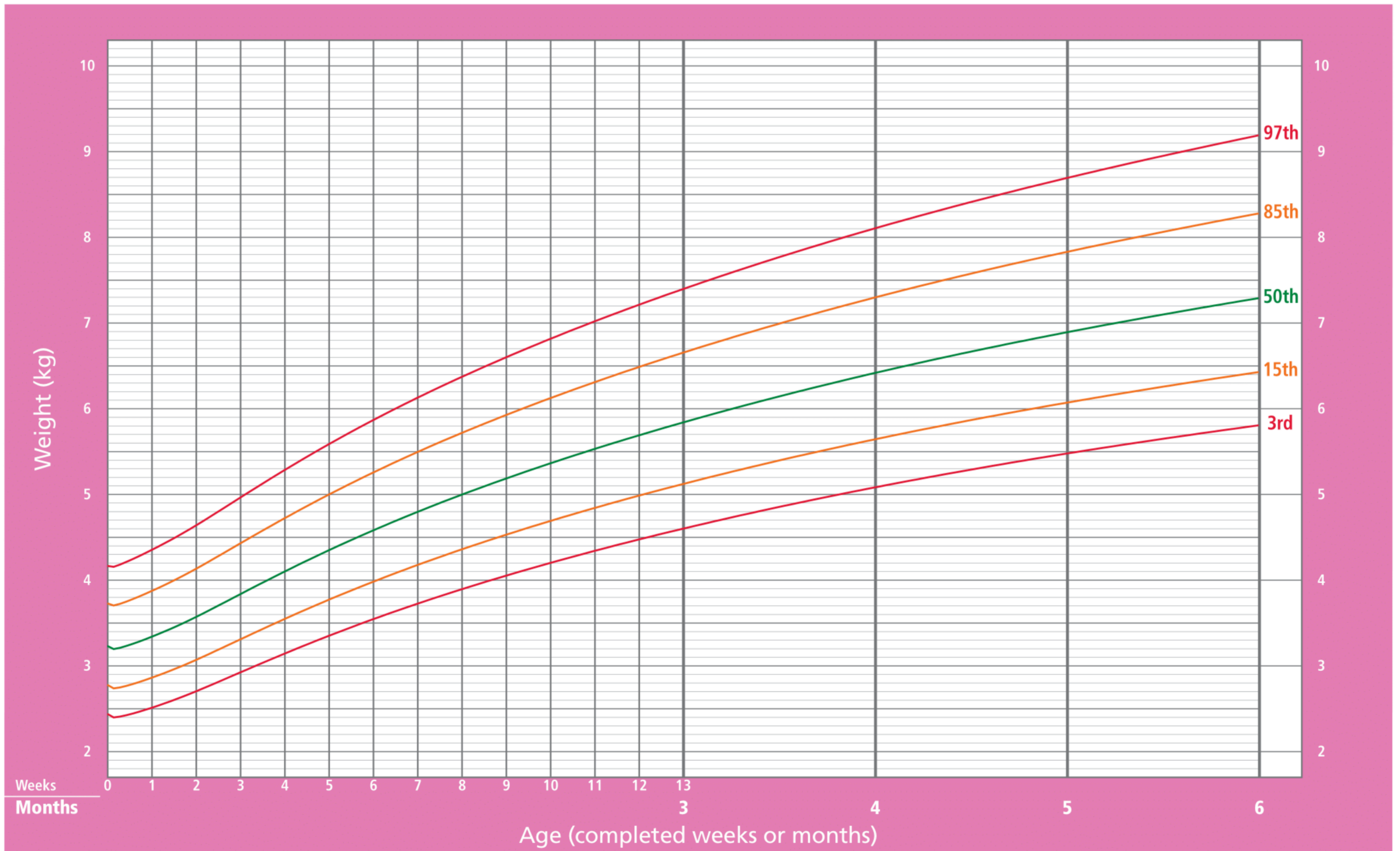
Mother's name: _____ Baby's name: _____

Baby's date of birth: _____ Date of the 1st assessment: _____ Baby's birth weight: _____

Tick the observed favourable behaviour					Tick the observed unfavourable behaviour					
The mother's preparation										
					The mother knows the baby's early hunger cues like squirming, opening of the mouth, putting finger in the mouth.					The mother feeds the baby when the baby cries.
					The mother washes her hands with soap and water.					The mother does not wash her hands with soap and water.
					The mother drinks one glass of water before breastfeeding.					The mother does not drink water before breastfeeding.
					The mother is relaxed and sitting straight with back support on the bed or on the floor.					The mother's shoulders are hunched. She is leaning over the baby with no back support.
					The mother is wearing loose clothes.					The mother is wearing tight clothes.
					The mother wakes up the baby by removing the blanket, cap, mittens, and socks. Then, she makes the baby sit for a few minutes and then brings the baby close to breastfeed.					The mother does not remove the blanket, cap, mittens, or socks. She does not make the baby sit to wake her up. The baby is sleepy when brought close to breastfeed.
The baby's position - Here the mother will be feeding the baby from the right breast										
					Baby's head, back, hips & legs are fully supported by the mother's left hand.					Baby's full body is not supported by the mother. Only the shoulders or the head of the baby are supported.
					Baby's ears, shoulder joint and hip joint are in the same line.					Baby's ears, shoulder joint and hip joint are not in the same line. Baby's body or neck is twisted.
					The lower part of the baby's head is held with the mother's left thumb and other fingers. Mother's thumb is behind one ear of the baby. Her fingers are behind the other ear of the baby.					The mother is not supporting the baby's head properly. She is restricting the movement of the baby's head while breastfeeding the baby by putting pressure on the back of the baby's head.
					The baby is facing the mother's breast. The baby's chest and the mother's chest are touching each other. The baby is in a horizontal position.					The baby is facing the mother's face. The baby's chest is not touching the mother's chest. The baby's chest is held far away or it is turned upward. The baby is in a diagonal position.
					When the baby is absolutely horizontal while feeding on the right breast, the baby's upper lip is at 9 o'clock position and the lower lip is at 3 o'clock position. Thus the baby's lips are absolutely vertical.					When the baby is in a diagonal position while feeding on the right breast, the baby's lips are not in a vertical position on the areola.
					The mother brings the baby to the breast keeping the baby's chin forward such that the nare of the nose is in line with the nipple. Doing so, will ensure that the baby's neck is extended in the same way that an adult's neck is extended while drinking water.					The baby is brought straight on to the nipple without extension of the neck. Here, either the baby's nose is higher than the mother's nipple or the tip of the nose is in line with the nipple. Also, the baby's neck is bent forward.
Contouring the breast for deep attachment of the baby to the lower areola										
					The mother holds the breast in such a way that her fingers are parallel to the baby's lips.					The mother holds the breast in such a way that her fingers are not parallel to the baby's lips.
					The mother's fingers holding the breast are at a distance of 3 fingers from the nipple.					The mother's fingers are either too close or too far away from the nipple.
					The mother is compressing the breast adequately. So it is easy for the baby to attach deeply to the lower areola.					The mother is not compressing the breast adequately. So the baby is unable to attach deeply.
					The mother is bringing the baby to the breast. She is not pushing the breast towards the baby.					The mother is pushing the breast towards the baby. She is not bringing the baby to the breast.
Attaching (latching) the baby to the lower areola deeply										
					The mother brushes her nipple on the upper lip of the baby to stimulate opening of the baby's mouth between 120 -160 degrees wide.					The mother doesn't attempt to stimulate a wide opening of the baby's mouth. She hurriedly pushes her nipple into the baby's mouth when the mouth opening is smaller than 120 degrees wide.
					The baby's lower lip is at the border of the areola in case of a big areola. Lower lip is on the breast if the mother's areola is small. Upper lip is at the border of the nipple.					The baby's lower lip is just below the nipple. The upper lip is either at the border of the nipple or at the border of the areola.
					The mother checks the latch by pressing on the breast near the baby's lower lip with her right index finger.					The mother does not check the latch by pressing on the breast with her finger.
					The baby's lips and chin are embedded in the breast. They are not visible when the baby breastfeeds.					The baby's lips and chin are not embedded in the breast. They are visible when the baby breastfeeds.
					While checking the latch, only the upper areola is visible. The lower areola is not visible. If the mother has a small areola, both the upper & the lower parts of the areola are in the baby's mouth.					While checking the latch, even for the mothers having a big areola, the upper areola is not visible as it is in the baby's mouth.
					The baby's cheeks look full and rounded. There are no dimples in the cheeks.					The baby's cheeks look hollow. There are dimples in the cheeks.
					While delatching the baby, the mother inserts her little finger in the corner of the baby's mouth to delatch.					While delatching the baby, mother just pulls the baby off her breast without putting her finger in the baby's mouth.
Important counseling points										
					After checking the latch, the mother releases her breast from her hand. She supports the baby's body with that hand. She ensures that the baby's head is still well supported with her other hand.					After checking the latch, the mother keeps holding the breast with her hand. She does not support the baby's body with that hand. She does not support the baby's head with her other hand.
					The mother feeds the baby 10-12 times in 24 hours.					The frequency of breastfeeding is less than 10 times in 24 hours.
					The mother breastfeeds the baby 3-4 times at night.					Breastfeeding during the night is less than 3 times.
					The mother offers both the breasts to the baby to feed from.					The mother feeds the baby only from one breast.
					The mother feeds the baby completely from one breast before feeding from the other breast.					The mother feeds from both breasts for less than 5 minutes, without emptying the breasts completely.
					The mother expresses breast milk with her hand to check if thin milk or thick milk comes out. She offers the other breast when only a few drops of thick milk can be expressed.					The mother attempts to feed from the other breast without checking if her breast is empty or not by expressing breast milk with her hand.
					The mother knows the technique of manual expression of breast milk - press back, compress & release.					The mother does not know press back, compress and release technique of hand expression of milk.
					The mother holds the baby in a sitting position for burping.					The mother holds the baby on her shoulder for burping.

Weight-for-age GIRLS

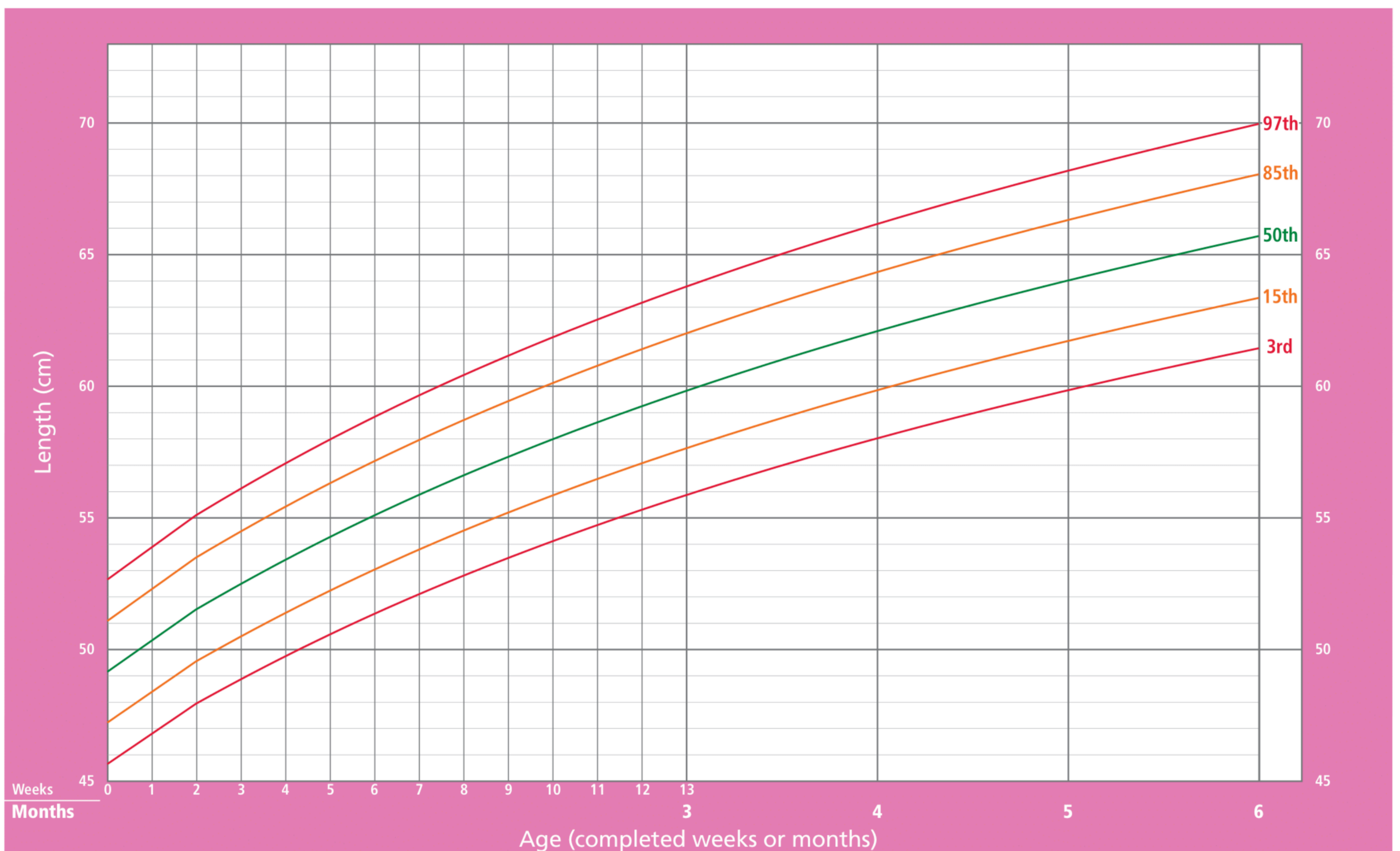
Birth to 6 months (percentiles)



WHO Child Growth Standards

Length-for-age GIRLS

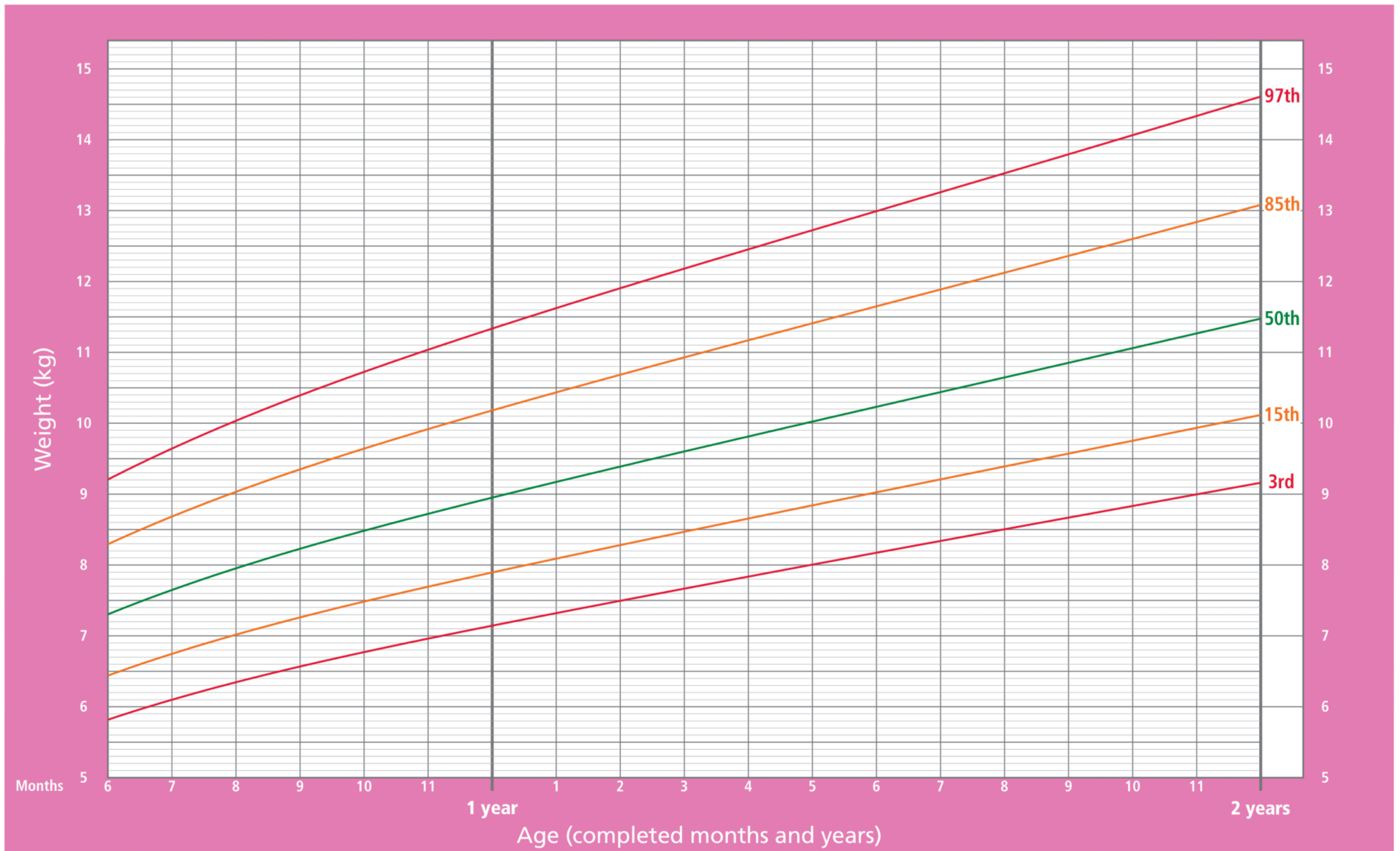
Birth to 6 months (percentiles)



WHO Child Growth Standards

Weight-for-age GIRLS

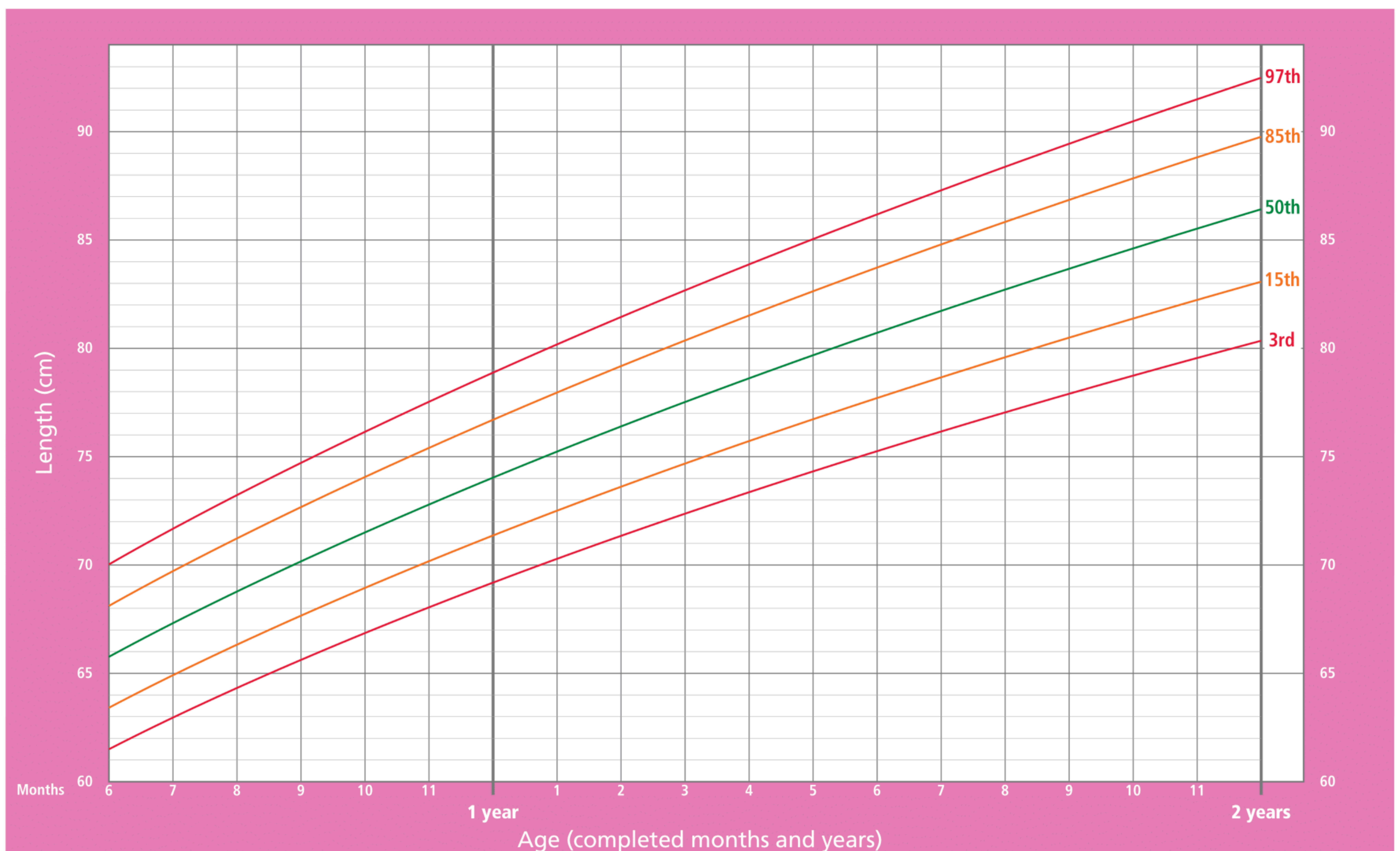
6 months to 2 years (percentiles)



WHO Child Growth Standards

Length-for-age GIRLS

6 months to 2 years (percentiles)



WHO Child Growth Standards

Weight-for-length GIRLS

Birth to 2 years (z-scores)



WHO Child Growth Standards



Pregnancy of the mother and baby and the important stages thereafter	The problems they can possibly face in the meantime.	During these stages, videos related to the potential problem solving in spoken health tutorials.
<p>Adolescent girls and all the women preparing for conception after marriage</p> <p>Pregnant mothers-</p> <p>First trimester Second trimester Third trimester</p>	<ul style="list-style-type: none"> • Protein deficiency • Iron deficiency • B12 deficiency • Folate deficiency • Choline deficiency • Vitamin D and calcium deficiency • Too much junk food • Excessive carbs intake • Magnesium deficiency • Excessive vomiting • Lack of sensitivity to the importance of breastfeeding and breast crawl 	<ul style="list-style-type: none"> • Importance of - Protein, Folate, Calcium, Vitamin B12, Choline, Vitamin C, iron, Magnesium, Vitamin D, Sulphur • Junk food • Type 1 and type 2 nutrients • Protein-rich vegetarian/non-vegetarian recipes • Folate rich vegetarian/non-vegetarian recipes • Calcium rich vegetarian/non-vegetarian recipes • Iron rich vegetarian recipes • Vitamin C cooked/uncooked recipes • Choline rich vegetarian/non-vegetarian recipes • Non-vegetarian recipes rich in vitamin B12 • Reasons for increase in junk food consumption • Veg/non-vegetarian recipes for adolescents • Nutrient count of day to day food • Pre-pregnancy nutrition • Magnesium rich vegetarian/non-vegetarian recipes • Potassium rich vegetarian/non-vegetarian recipes • Vegetarian/non-vegetarian recipes for pregnant women • Essential nutrition action for pregnant women • Importance of first 1,000 days
<p>Third trimester (Facility/meeting)</p> <p>Postnatal Wards after delivery (0-48 hrs)</p> <p>If there is a poor weight gain (3-10 days or at any time after 10 days if necessary)</p>	<ul style="list-style-type: none"> • Lack of breastfeeding skills • Lack of knowledge on breast crawl • Lack of knowledge on how to express milk • Kangaroo Mother Care • Newborn care • The risk of getting a nipple shield from the staff • Pain in the nipple • Breast engorgement • poor weight gain in the baby 	<ul style="list-style-type: none"> • Cross cradle hold for breastfeeding • Breastfeeding latching for breastfeeding • Importance of first 1,000 days • Side lying hold for breastfeeding • Kangaroo mother care • Physical methods to increase the amount of breast milk • Hand expression of breast milk • Storage of expressed breast milk • Feeding expressed breast milk to babies • Importance of breastfeeding • Comparison of mother's milk with other substitutes • Complications of using nipple shields • Basics of newborn care • How to bathe a newborn baby • Breast Crawl • Essential nutrition action for young children • Nipple conditions in lactating mother • Breast conditions in lactating mothers • Poor weight gain due to improper breastfeeding • Other reasons for not getting enough breast milk • WHO growth charts • Measurement of children's weight and height
<p>5-6 months of age babies - (150-180 days)</p> <p>6-7 months of age (181-240 days)</p> <p>9-11 months of age (181-240 days)</p>	<ul style="list-style-type: none"> • Lack of understanding of how to start complementary foods • Lack of understanding of personal hygiene and safety • Lack of understanding of vegetarian/non-veg dishes • Lack of understanding of dietary consistency 	<ul style="list-style-type: none"> • Importance of first 1,000 days • Importance of breastfeeding • Type 1 and Type 2 nutrients • General guidelines for complementary feeding • Complementary food for 6 to 24 month old babies • Vegetarian/Non-vegetarian recipes for 6 month old • Junk food • Nutritious powder recipes for 6 to 24 month old children • Vegetarian/Non-vegetarian recipes for 7 month old babies • Importance of protein • Personal hygiene needed for handling baby food • Safe preparation, serving and storage of baby food • Reasons for increase in junk food consumption • Comparison of mother's milk with other substitutes • Vegetarian/Non-vegetarian recipes for 8-11 months old babies • Vegetarian/Non-vegetarian recipes for 12-18 months old babies • Vegetarian/Non-vegetarian recipes for 19-24 months old babies • Nutritious vegetarian snacks recipes for children



Learning and Action Protocol(LAP) starting from Pregnancy till 14 weeks visit

Contact Points

During Home Visit - _____ Mother's Meeting - _____ Aanganwadi Visit - _____ Weekly Visit - _____ Monthly Visit - _____
During ANC - _____ Village Health Sanitation & Nutrition Day (VHSND) monthly - _____ Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
PHC or Health & Wellness Centre - once a month - _____ Community based event - twice in a month - _____ Other - _____

Adolescents/Married couples planning pregnancy/First Trimester/Second Trimester/Lactating Mothers

Importance of Folate, Protein, Magnesium, Potassium, Vitamin- B12, Vitamin-D, Iron, Calcium, Choline, Vitamin-C, Sulphur, Selenium and Vegetarian and Non-Vegetarian recipes

Pre-Pregnancy Nutrition, Type 1 & Type 2 Nutrients

Nutrient Count of day-to-day Food, Essential Nutrition Actions for Pregnant Women

Vegetarian and Non-Vegetarian Recipes for Adolescents, Pregnant Mothers and Lactating Mothers

Junk Food & Reasons for Increase in Junk Food Consumption

Third Trimester/Post-delivery Mothers

(need to show these videos at least once during pregnancy and/or to PNC mothers)

First trimester videos can be shown if not shown in 1st and 2nd trimesters

Cross Cradle Hold & Breastfeeding Latching
Practice Cross Cradle Hold Using a Breast Model and a Doll

Side-lying Hold and Football Hold

Poor Weight Gain due to Breastfeeding and Other Reasons for not Getting Enough Breastmilk

Physical Methods to Increase the Amount of Breastmilk

Hand Expression of Breastmilk, Storage of Expressed Breastmilk and Feeding of Expressed Breast Milk to Babies

Importance of Breastfeeding and Comparison of Mother's Milk with other Substitutes

Essential Nutrition Action for Young Children, Complications of using Nipple Shields

Breast Crawl, Kangaroo Mother Care, Basics of Newborn Care and How to bathe a Newborn Baby

Nipple Conditions and Breast Conditions

At the Time of Delivery – To be Done

Breast Crawl & Early Initiation of Breastfeeding
Skin to skin Contact after Cesarean Operation

Postnatal Care Ward: From Birth to 48 Hours

After Vaginal Delivery/From Birth to Fifth Postnatal Day after C-Section Delivery

Show Cross Cradle Hold, and Side Lying Hold, Latching Tutorials & IEC Charts

Support Mothers for Cross Cradle Hold for Breastfeeding, Breastfeeding Latching and Side Lying Hold for Breastfeeding

Show & Demonstrate Hand Expression of Breastmilk, Storage of Expressed Breastmilk, Feeding Expressed Breast milk to Babies and Kangaroo Mother Care Tutorials

Check Birth Weight and Length
Check Daily Weight

Fill Breastfeeding Assessment Form on Days 1 and 2 in Normal Delivery, 3 and 5 in C-section Delivery
Fill initial Learning and Action Protocol form & Plot WHO Growth Chart

If it is a high-risk baby or a low birth weight baby at the time of discharge, please inform concerned _____

Discharge only if all marked Latching points are correct. The latching points are in the Breastfeeding Assessment Form

Post-natal Day 3 to week 14 visit in the community

Each child should have a separate Learning Action Protocol Card. Every visit will require weighing scale, preferably a digital weighing scale or at least a calibrated salter weighing scale, filling of Learning Action Protocol [LAP] card with plotting of growth charts, IEC charts and Health Spoken Tutorials. Encourage the mother to bring LAP card during every visit at the point of contact.

Day 3 – Home visit - _____

First Check Weight & Length

Fill Breastfeeding Assessment Form while observing breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

Show Cross Cradle Hold and Breastfeeding Latching Video

Day 5 – Home visit - _____

First Check Weight

Fill Breastfeeding Assessment Form while observing Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

Show Cross Cradle Hold and Breastfeeding Latching Video

If the baby's weight on Day 5 is lower than the baby's birth weight, only then show Cross Cradle Hold and Breastfeeding Latching Tutorials.

Day 7 – Home visit - _____

First Check Weight

Fill Breastfeeding Assessment Form while observing Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

If the baby boy's current weight is 200 grams less than his birth weight or if the baby girl's current weight is 100 grams less than her birth weight, then correct the latch and show the following HSTs - Cross Cradle Hold for breastfeeding, Breastfeeding Latching and Poor weight gain due to improper breastfeeding.

If the baby boy's weight is 200 gram more than or equal to his birth weight or if the baby girl's weight is 100 grams more than or equal to her birth weight then, just encourage the mother, congratulate her and show her the HSTs on nutrient rich vegetarian and non-vegetarian recipes for lactating mothers.

Day 10 Home Visit _____ 1st Escalation to _____ if the weight gained since day 7 is less than 100 grams

First Check Weight

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

If the weight gained since Day 7 is less than 100 grams, show Cross Cradle Hold & Breastfeeding Latching Tutorials and then, refer to _____

If the weight gained since Day 7 is more than 100 grams then, show tutorials on Importance of Breastfeeding and Essential Nutrition Actions for Children. Follow up as per Home Based Newborn Care [HBNC] protocol.

Day 12 Home Visit _____ 2nd Escalation to _____ if the weight gained since Day 7 is less than 150 grams

First Check Weight

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

If the weight gained since Day 7 is less than 150 grams, then observe and correct the latch. Show tutorials on Cross Cradle Hold, Breastfeeding Latching and Physical Methods to Increase Breast Milk Supply. Recheck this baby's weight in 2 days.

If the weight gained since Day 7 is more than 150 grams, then the child needs to be visited on day 14 according to the HBNC protocol.

Day 14 – Home Visit _____ 3rd Escalation to _____ if the weight gained since birth is less than 500 grams

First Check Weight

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot Growth Chart

If the baby's weight gain since birth is less than 500 grams, then show these 2 tutorials - Poor Weight Gain due to Improper Breastfeeding and Other Reasons for Not Getting Enough Breastmilk

Refer this baby to _____ and the baby must be visited again in 2 days

If the baby's weight gain since birth is more than 500 grams then visit as per the HBNC protocol.

Day 21 week 3 – Home Visit _____

First Check Weight & Length

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot the Growth Chart

If the baby's weight gain since day 14 is less than 250 grams, then show these tutorials – Poor Weight Gain due to Improper Breastfeeding & Physical Methods to Increase Breastmilk Supply

Refer the baby to _____. See the baby in 2 days

Day 28, week 4 – Home Visit _____

First Check Weight & Length

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot the growth chart

If the baby's weight gain since day 21 is less than 250 grams, then show these tutorials – Poor Weight Gain due to Breastfeeding Factors & Physical Methods to Increase Breastmilk Supply

Refer this baby to _____. See the baby in 2 days

Day 42 (6th week) _____ (Penta Visit)

First Check Weight & Length

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot the growth chart

_____ to monitor growth chart during the vaccination visit

If the weight is less than 4.5 kg, then see the baby every 2 days till the baby starts gaining at least 30 grams/day

Show the tutorials - Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and Other reasons for not getting enough breastmilk

10th week _____ (Penta Visit)

First Check Weight & Length

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot the growth chart

_____ to monitor growth chart during the vaccination visit

If the weight is less than 5 kg, then see the baby every 2 days till baby starts gaining at least 30 grams/day

Show the tutorials - Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and Other factors for not getting enough breastmilk

14th week _____ (Penta Visit)

First Check Weight & Length

Observe Breastfeeding

Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch

Fill LAP Card & Plot the growth chart

_____ to monitor growth chart during the vaccination visit

If the weight is less than 5.5 kg, then see the baby every 2 days till the baby starts gaining at least 30 grams/day

Show the tutorials - Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and Other factors for not getting enough breastmilk

Learning Action Protocol (LAP) for 3.5 months to 12 months old

Contact Points

During Home Visit - _____ Mother's Meeting - _____ Aanganwadi Visit - _____ Weekly Visit - _____ Monthly Visit - _____
During Antenatal Care - _____ Village Health Sanitation & Nutrition Day (VHSND) monthly - _____ Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) PHC or Health & Wellness Centre - once a month - _____ Community based event - twice in a month - _____ Other - _____

All contact points need to have a functioning weighing scale to check weight and infantometers to measure length. Learning Action Protocol (LAP) Cards must be made available to the mothers. LAP needs to be filled and child's growth needs to be plotted on growth charts. Appropriate health spoken tutorials (HST) need to be shown to the mother. Encourage the mother to bring this card during every visit at the point of contact.

At 3.5 months Home Visit _____

Check weight and length

Fill Learning Action Card & plot the growth chart

Show HST - Essential Nutrition Actions for Children and Type 1 & Type 2 Nutrients

If the baby's weight is less than 6 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See the baby again after 2 weeks.

At 4.5 months Home Visit _____

Check weight and length

Fill Learning Action Card & plot the growth chart

Show HST - Safe Preparation, Serving and Storage of Baby Food and Personal Hygiene Needed for Handling Baby Food

If the baby's weight is less than 6 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See this baby again after 2 weeks. Refer this baby to _____ as this baby will need close follow up

At 5.5 months Home Visit _____

Check weight and length

Fill Learning Action Card & plot the growth chart

Show HST - General Guidelines for Complementary Feeding and Complementary Food for 6 to 24 Month Old Babies

If the baby's weight is less than 6.5 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See this baby again after 2 weeks. Refer this baby to _____ as this baby will need close follow up

Complementary Feeding Phase from 6 months to 12 months

If the baby is a vegetarian, start with protein rich foods like beans/lentils/millets/curd/paneer/nuts and seeds powder followed by vegetables and fruits. A vegetarian baby's diet must include at least 5 food groups besides breast milk.

If the baby is a non-vegetarian, ensure that the baby gets non-vegetarian protein rich foods like eggs/chicken/liver/fish/meats first followed by vegetarian foods like beans/lentils/millets/curd/paneer/nuts and seeds powder/vegetables and fruits. A non-vegetarian baby's diet must include at least 7 food groups besides breast milk.

At 6 months Home Visit _____

Check weight and length

Fill Learning Action Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Nutritious Powder Recipes for 6 to 24 month old children, Vegetarian and Non-vegetarian recipes for 6 and 7 month old babies

Introduce a new food every 4th day.

If the baby's weight is less than 6.5 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. Recommend consumption of food sources of first-class protein like eggs, curd and paneer on a daily basis to improve the baby's protein intake. See this baby again after 2 weeks.

At 6.5 months Home Visit _____

Check weight

Fill Learning Action Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Nutritious Powder Recipes for 6 to 24 month old children, General Guidelines for Complementary Feeding and Complementary Food for 6 to 24 Month Old Babies

Make sure that the baby eats at least 4 tablespoons [60 ml]/ ¼ katori (250 ml size) of food twice a day. The baby's diet must include at least 3 food groups besides breast milk. The mother must make at least 2 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 100 grams. If the weight gain is less than 100 grams, then see this baby in 1 week.

At 7 months Home Visit _____ Escalation Visit to _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 7 month old babies & Importance of Protein

Make sure that the baby eats at least ½ cup (250 ml size) of thick-consistency food thrice a day. The mother must make at least 3 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 200 grams. If the weight gain is less than 200 grams, then see this baby after one week and refer this baby to _____

At 7.5 months Home Visit _____

Check weight

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 month old babies

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed foods thrice a day.
The mother must make at least 3 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 300 grams. If the weight gain is less than 300 grams, then see this baby after 1 week.

At 8 months Home Visit _____ Escalation Visit to _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 months old babies, Junk Food and Reasons for Increase in Junk Food Consumption.

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods four times a day.
The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 400 grams. If the weight gain is less than 400 grams, then see this baby after 2 weeks & refer this baby to _____

At 9 months Home Visit _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 month old babies

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day.
The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 600 grams. If the weight gain is less than 600 grams, then see this baby after 2 weeks.

At 10 months Home Visit _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Importance of Protein and Importance of Calcium

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day.
The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 800 grams. If the weight gain is less than 800 grams, then see this baby after 2 weeks.

At 11 months Home Visit _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Importance of Vitamin D & Importance of Vitamin B12

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day.
The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 900 grams. If the weight gain is less than 900 grams, then see this baby after 2 weeks.

At 12 months Home Visit _____

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Junk Food, Reasons for Increase in Junk Food Consumption

Make sure that the baby eats at least 1 cup (250 ml size) of table food five times a day.
The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 900 grams. If the weight gain is less than 900 grams, then see this baby after 2 weeks.

